

**B050000 00293**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000162507 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**FOREIGN LIMITED PARTNERSHIP**

**CSC LAKE WORTH LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$140.00

Electronic Filing Menu

Corporate Filing

Public Access Help

File Second

Please file after (H05000162506 3)

B05-293  
a

H05000162507 3

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. CSC LAKE WORTH LIMITED PARTNERSHIP  
(Name of limited partnership as it is in the home state)
2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Delaware 4. June 22, 2005  
(State of Formation) (Date of Formation)
5. CORPORATION SERVICE COMPANY  
(Name of Registered Agent for Service of Process)
6. 1201 Hays Street  
(Street Address of Registered Office)  
Tallahassee Florida 32301  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
Cynthia L. Harris **Cynthia L. Harris**  
(Agent must sign on this line) **as its agent**
8. 2711 Centerville Road, Suite 400  
Wilmington, DE 19808  
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS  
CSC Lake Worth GP Corporation 250 S. Australian Avenue, Suite 1003  
FOS-3850 West Palm Beach, FL 33401
10. 250 S. Australian Avenue, Suite 1003, W. Palm Beach, FL 33401  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

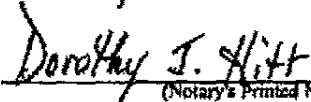
H05000162507 3

H05000162507 3

12. 250 S. Australian Avenue, Suite 1003West Palm Beach, FL 33401

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this \_\_\_\_\_ day of July, 2005  
\_\_\_\_\_  
General PartnerSTATE OF FloridaCOUNTY OF Palm BeachOn this \_\_\_\_\_ day of July, 2005Adam Schlesinger, personally appeared before me,☒ who is personally known to me☐ whose identity I proved on the basis of \_\_\_\_\_  
\_\_\_\_\_  
(Notary Public Signature)  
\_\_\_\_\_  
(Notary's Printed Name)

Seal

My Commission Expires: 11-15-05

H05000162507 3

H05000162507 3

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Adam Schlesinger, as President of  
a general partner of CSC Lake Worth Limited Partnership, a (an) Delaware  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 990.00.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this \_\_\_\_\_ day of July, 2005.

  
\_\_\_\_\_  
General Partner

STATE OF Florida  
COUNTY OF Palm Beach

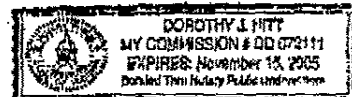
On this \_\_\_\_\_ day of July, 2005,

Adam Schlesinger, personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)  
Dorothy J. Hitt  
(Notary's Printed Name)

Seal My Commission Expires: 11-15-05



H05000162507 3